



REF #  
IFW

☐ Duplicate

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000,  
provides for continued examination of an utility or plant application  
filed on or after June 8, 1995.  
See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/758,088
Filing Date*	January 16, 2003
First Named Inventor	KUO
Group Art Unit	2624
Examiner Name	T.Y. Tsai
Attorney Docket No.	BHT/3212-53

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

**NOTE:** \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

**1. Please consider the following as the required submission under 37 C.F.R. §1.114:**

- ☐ a. The Amendment/Reply filed on:
- ☒ b. The Information Disclosure Statement (IDS) filed on (date): **October 19, 2007.**
- ☐ c. The Brief/Reply Brief filed on (date):
- ☒ d. The 1 page(s) of Form PTO-1449 and copy of each listed document filed (date): **October 19, 2007.**
- ☐ e. Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.
- ☐ 2. A \_\_\_\_\_ - month Petition for Extension of Time is filed herewith.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.
- ☒ 4. Authorization is hereby given to charge Deposit Account No. 501874 in the amount of \$990 to cover the Large Entity Filing Fee of \$810 and \$180 to cover the fee for submission of an IDS. A duplicate of this form is enclosed herewith.
- ☐ 5. This Request is transmitted by facsimile to number (703) \_\_\_\_\_.
- ☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$810.00	
Total Claims:	5	-	20	(highest number previously paid for) =	0.00	X \$18 =	0	
Independent Claims:	1	-	3	(highest number previously paid for) =	0.00	X \$86 =	0	
Correspondence Address: <b>TROXELL LAW OFFICE PLLC</b> 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041  <b>CUSTOMER NUMBER: 40144</b>						Multiple Dependent Claim (add \$280.00):	0	
						Subtotal:		\$810.00
						50% Reduction if Small Entity Status:		\$
Phone: 703-575-2711 Fax: 703-575-2707						Total:	\$810.00	
Date:		Name:		Signature:		Reg. No.		
October 19, 2007		Bruce H. Troxell				26,592		

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810.00 DA